



CITY OF AUBURN DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION

CONSTRUCTION PERMIT APPLICATION

ENGINEERING DIVISION PHONE: (253) 931-3010

DATE SUBMITTED:		APPLICATION NO.:	
APPLICANT:	PHONE/HM ()	PHONE/WK ()	
ADDRESS:	CITY/ST/ZIP		
CONTRACTOR:	PHONE ()	PHONE ()	
CONTACT PERSON (AGT.):	CELL# ()		
ADDRESS:	CITY/ST/ZIP		
STATE CONTRACTOR'S REGISTRATION NO.	DEPT. OF REVENUE SALES TAX NO.	INDUSTRIAL INSURANCE ACCOUNT NO.	
ENGINEER:	PHONE ()		
ADDRESS:	CITY/ST/ZIP		
LOCATION-OF-WORK:			
DESCRIPTION OF WORK:			
CONDITIONS:			
LEGAL DESCRIPTION & PARCEL NUMBER (IF APPLICABLE)			
PURPOSE: NEW MAINT REPAIR UTILITY WTR SWR GAS TEL ELE CTV DRN OTH		TYPE: UNDERGROUND / AERIAL	
LENGTH OF EXCAVATION: _____		NAME OF UTILITY: _____	
FEES: PERMIT FEE: \$ _____ INITIALS: _____		<u>OFFICE USE ONLY</u> <input type="checkbox"/> APPROVED FOR ISSUANCE <input type="checkbox"/> ADDITIONAL INFORMATION REQUIRED	
SPECIAL PROVISIONS REQUIRED: NO OPEN CUTTING OF PAVED SURFACES WITHOUT SPECIFIC APPROVAL IN EACH CASE. EXCAVATION AND STREET RESTORATION SHALL BE IN ACCORDANCE WITH CITY STANDARDS. SEE DESCRIPTION OF WORK ABOVE FOR ANY ADDITIONAL REQUIREMENTS FOR THIS PROJECT.			
Approved plans and specifications for work to be done under the permit for which application is made are submitted herewith.			
APPLICANT: _____ DATE: _____			